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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only Outer Elph Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2000)
Certified Copies Certificates of Status
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TALLAHASSEE FLORID

COVER LETTER

Po: New Filing Section Division of Corporations	
SUBJECT: Atlantic Box Inc	
Name of corporation	- must include suffix
Dear Sir or Madam:	•
The enclosed "Application by Foreign Corporation for a "Certificate of Existence," or "Certificate of Good Standabove referenced foreign corporation to transact business	ding" and check are submitted to register the
Please return all correspondence concerning this matter	to the following:
Judy Cruz	
Name of l	Person
Replay USA Inc	
Firm/Com	pany
38 W 21st Street 11th Floor	
Addre	ess
New York, NY 10010	
City/State a	nd Zip code
jcruz@replay-usa.com	_
E-mail address: (to be used t	or future annual report notification)
For further information concerning this matter, please c	all:
Judy Cruz at (212	, 586-3222
Name of Person Area C	Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	corporation; must include "INCORPORATE forp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"
,,	orp, me, co, or corp.		
(If name unavail	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting business in Florida)
Delaware		3.	13-3682378
(State or country	under the law of which it is incorporated)	5.	(FEI number, if applicable)
8/28/1992	/1992		perpetual
(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")
n/a			
860 Collins Ave			n Florida, if prior to registration) 502, F.S., to determine penalty liability)
•	(Principal office a	ıdd	ress)
38 W 21st Stre	et 11th Floor New York New York 10016	0	
	(Current mailing a		ress)
Retail Clothing			
(Purpose(s	s) of corporation authorized in home state or	rec	ountry to be carried out in state of Florida)
. Name and stree	et address of Florida registered agent: (I	P.C	D. Box NOT acceptable)
Name:	Corporation Service Company		=
Office Address:	1201 Hays Street		
	Taliahassee		, Florida <u>32301</u>
	· what would		, rioriga 5455.

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Heather Chapman as its agent (Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: Address: Director: Attilio Biancardi Address: 38 W 21st Street 11th Floor New York NY 10010 Director: __ **B. OFFICERS** President: Attilio Biancardi Address: 38 W 21st Street 11th Floor New York NY 10010 Vice President: Jacob Teeuw Address: 38W 21ST STREET 11Th floor NEW York NY 10010 Secretary: Judy Cruz Address: 5864 78th Avenue #2 Glendale NY 11385 Treasurer: ____ Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director of Officer listed in number 12 of the application) 14. Judy Cruz Secretary

(Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ATLANTIC BOX, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF MARCH, A.D.

2010.

TALLAHASSEE FLORING

2308025 8300

100253179

AUTHENTY CATION: 7852809

DATE: 03-05-10

You may verify this certificate online at corp.delaware.gov/authver.shtml